

Figure 1

206

2.00

Presenter's Session • Microsoft Internet Explorer

200a

258

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202

202

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3

224

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214

19

300

300a

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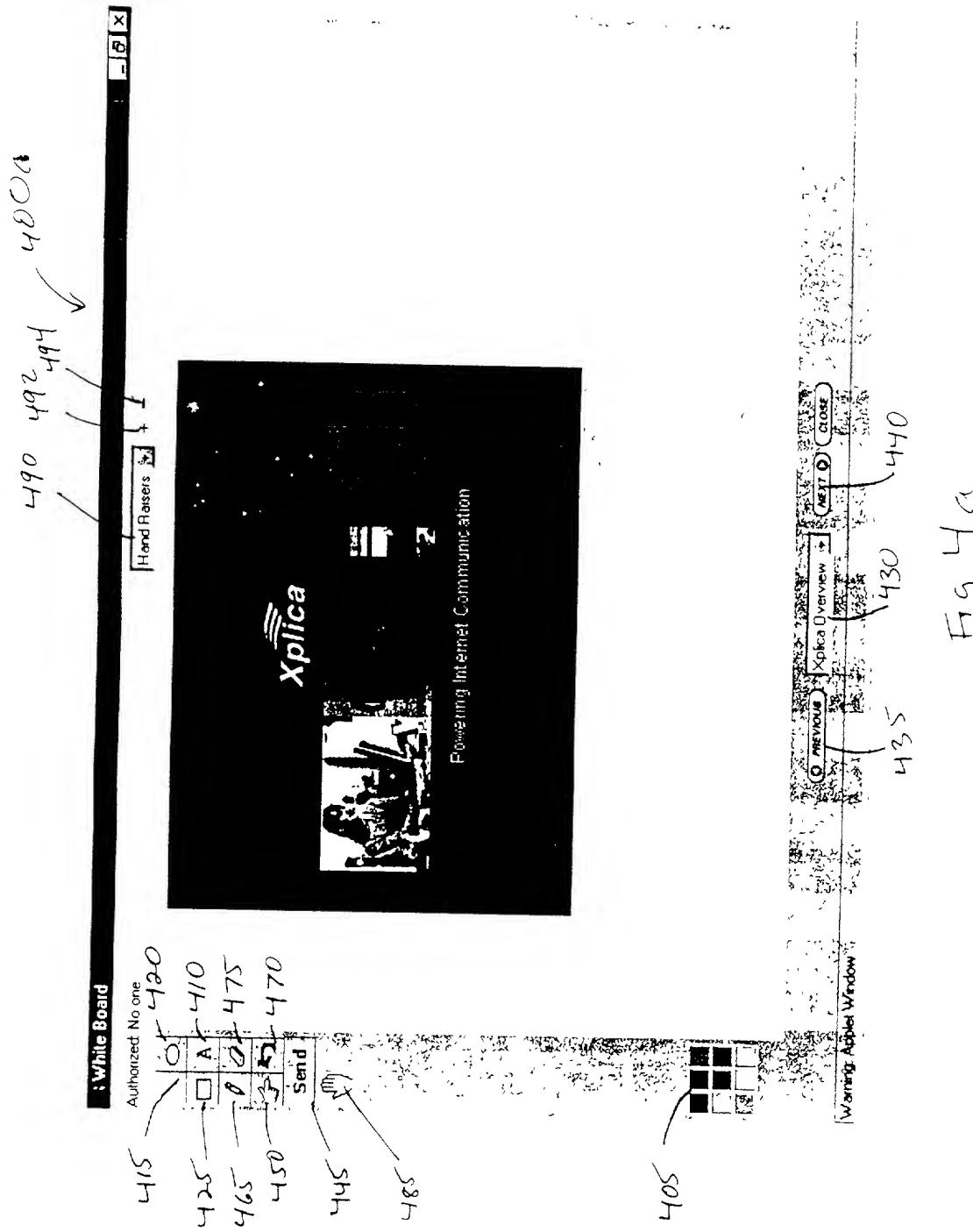
300 b

Xplica, Inc. - Microsoft Internet Explorer

3
69

2312

1000



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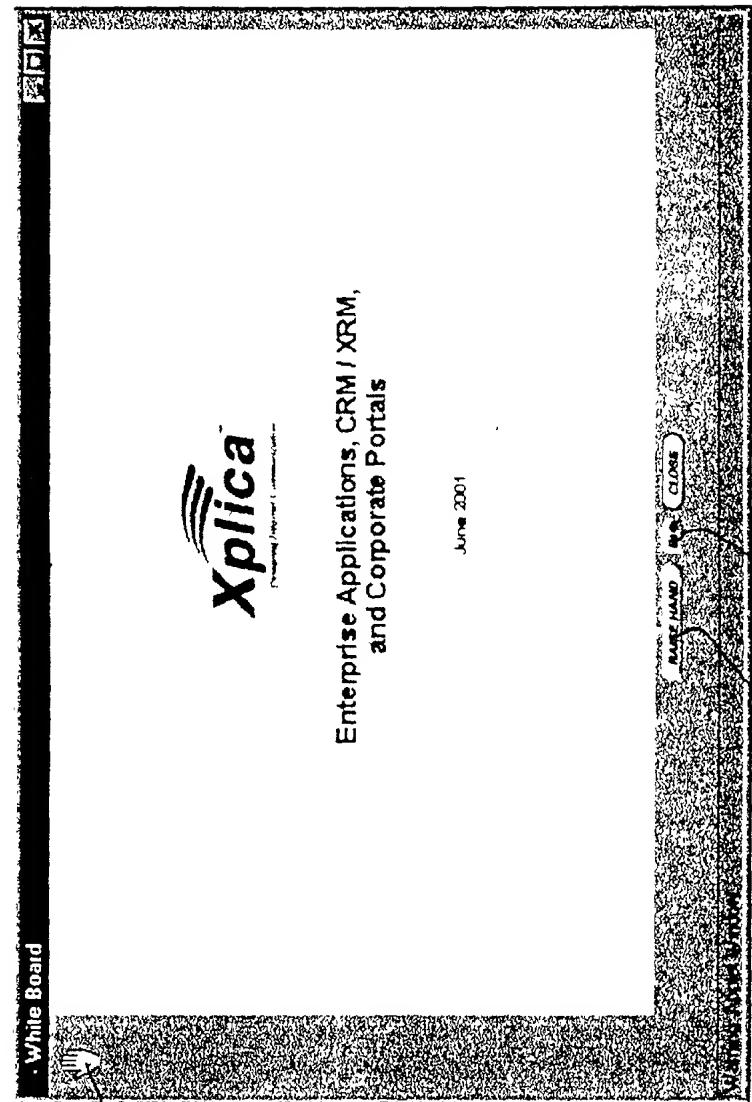


Figure 4b

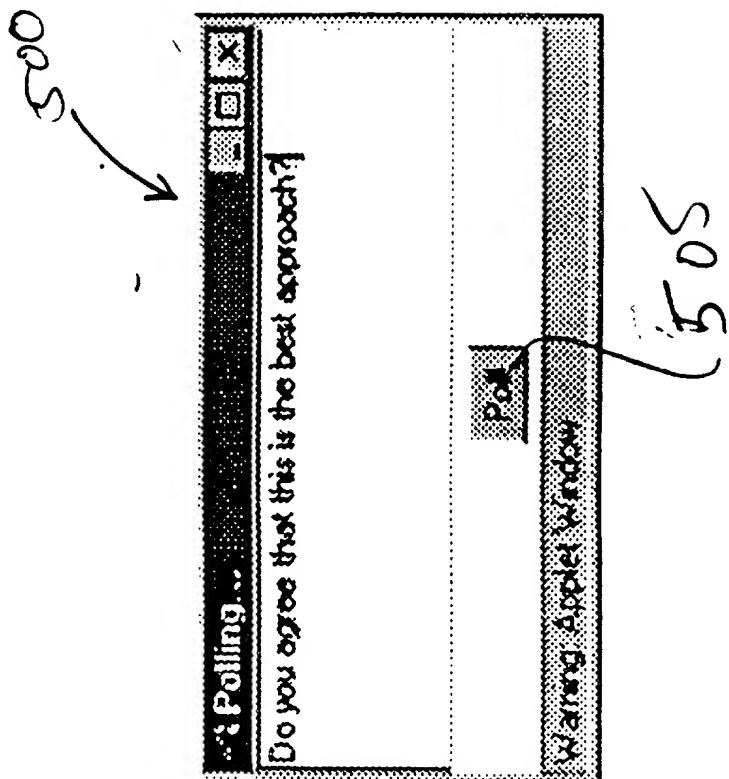
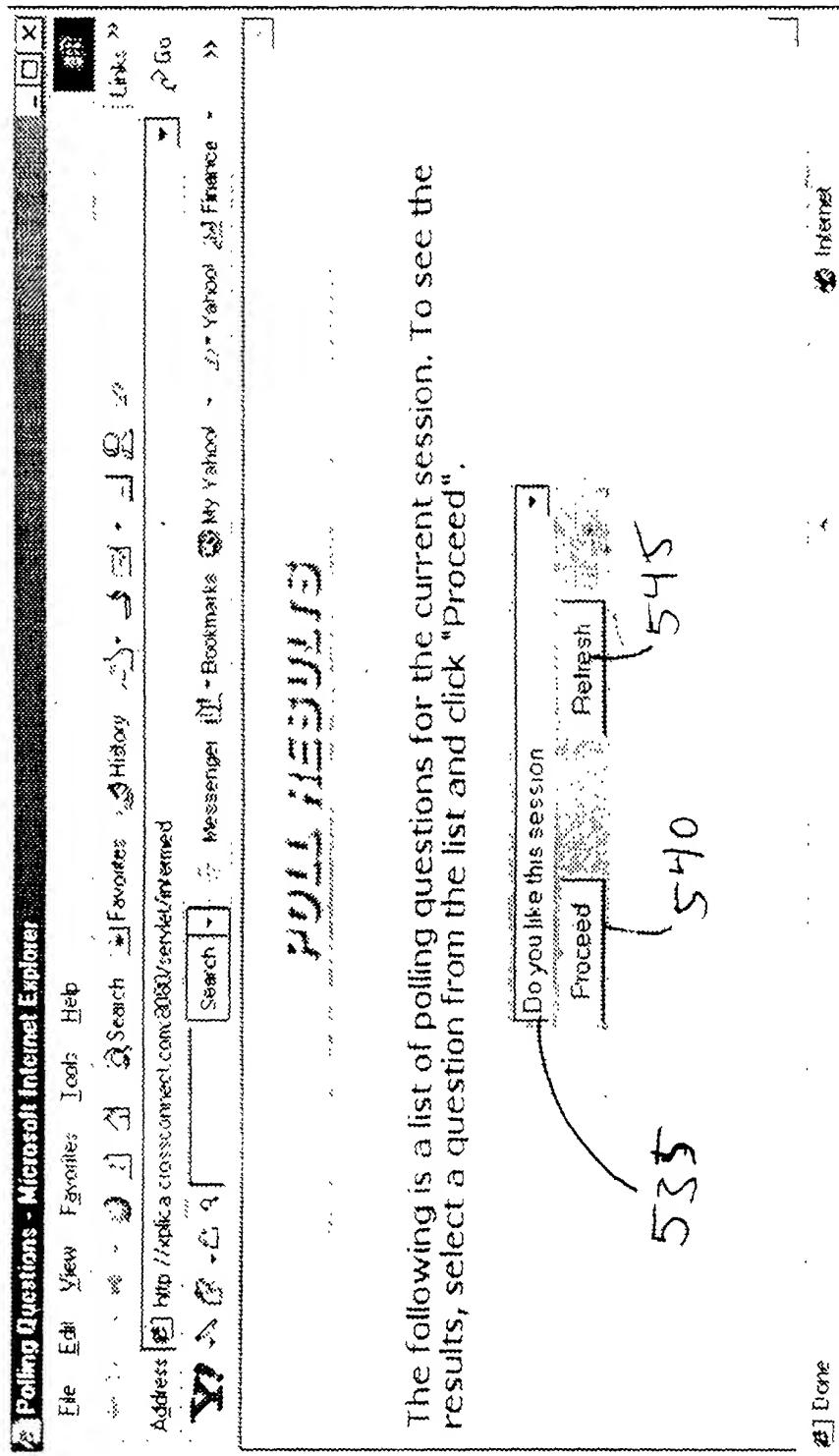


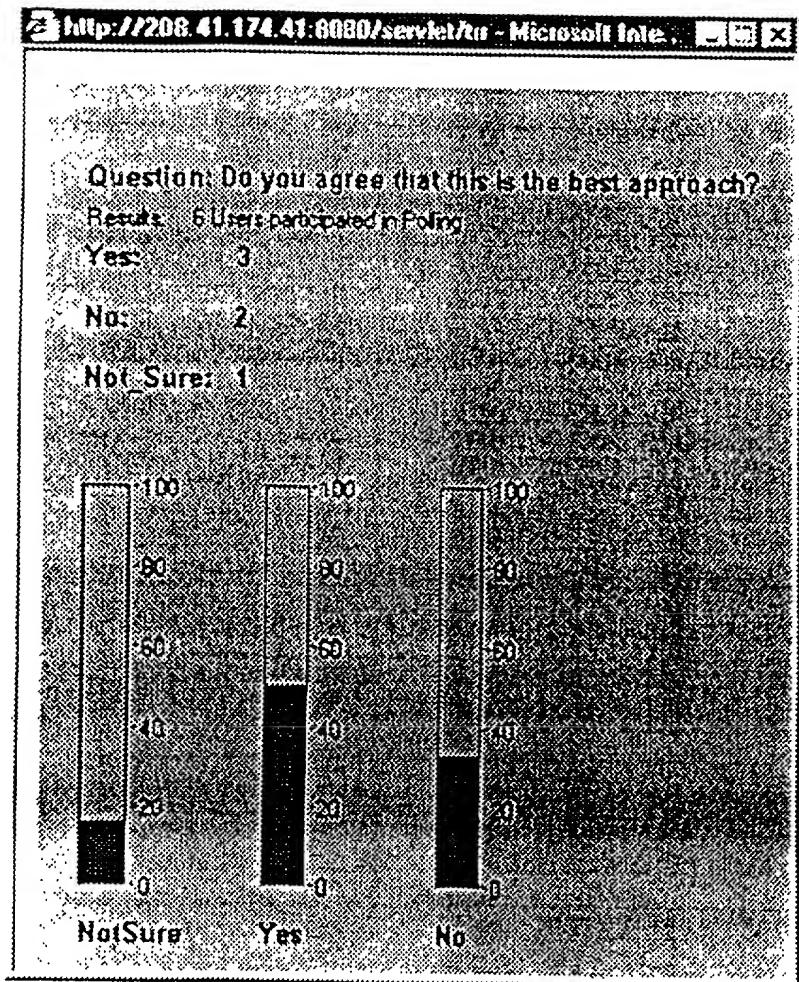
Figure 5a.

530



The following is a list of polling questions for the current session. To see the results, select a question from the list and click "proceed".

Figure 5c



F, 5d

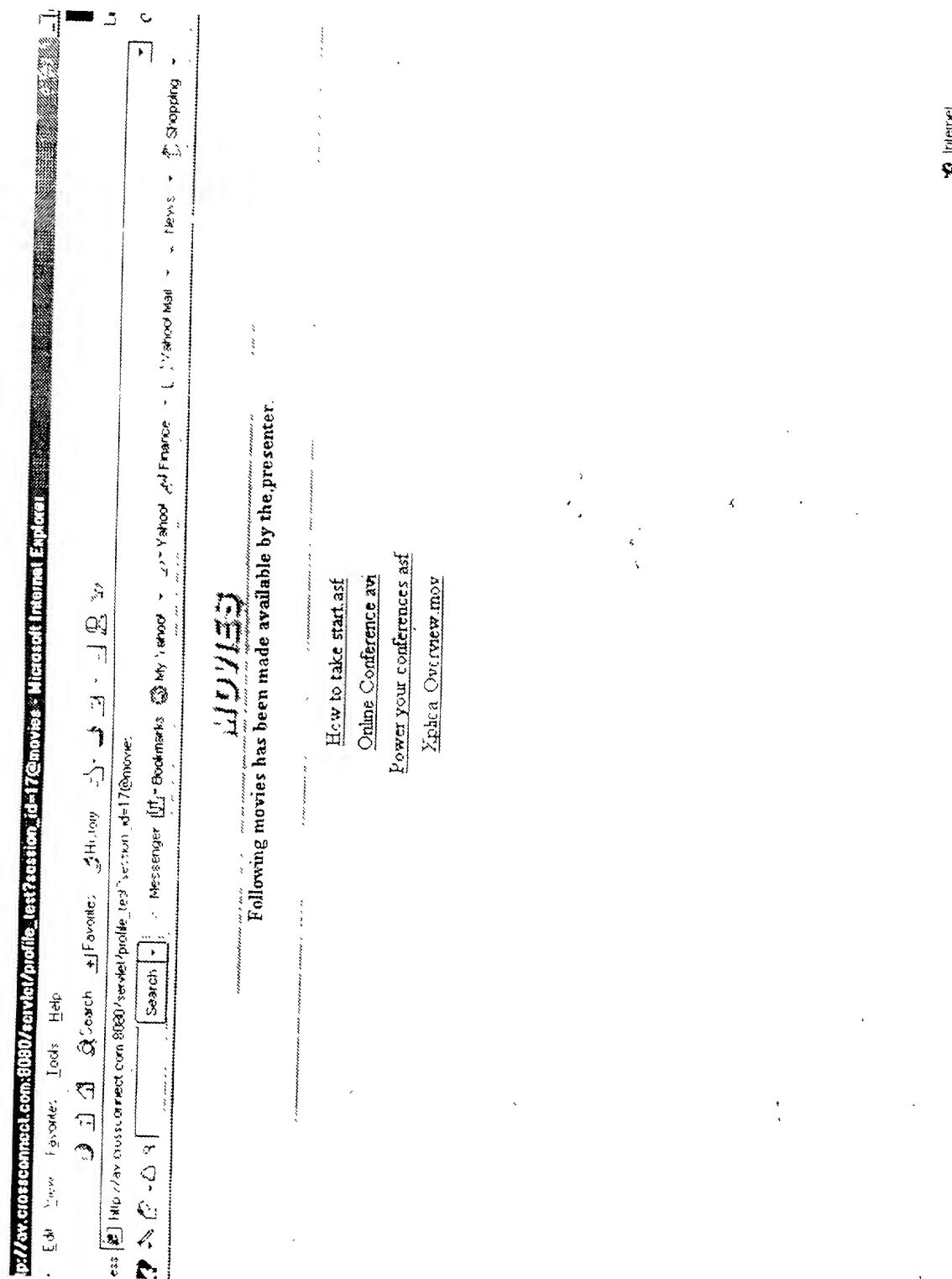


Figure 6

700

710

Name	Login Time
jack	10:7:8

Fig. 7

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OF PAGE

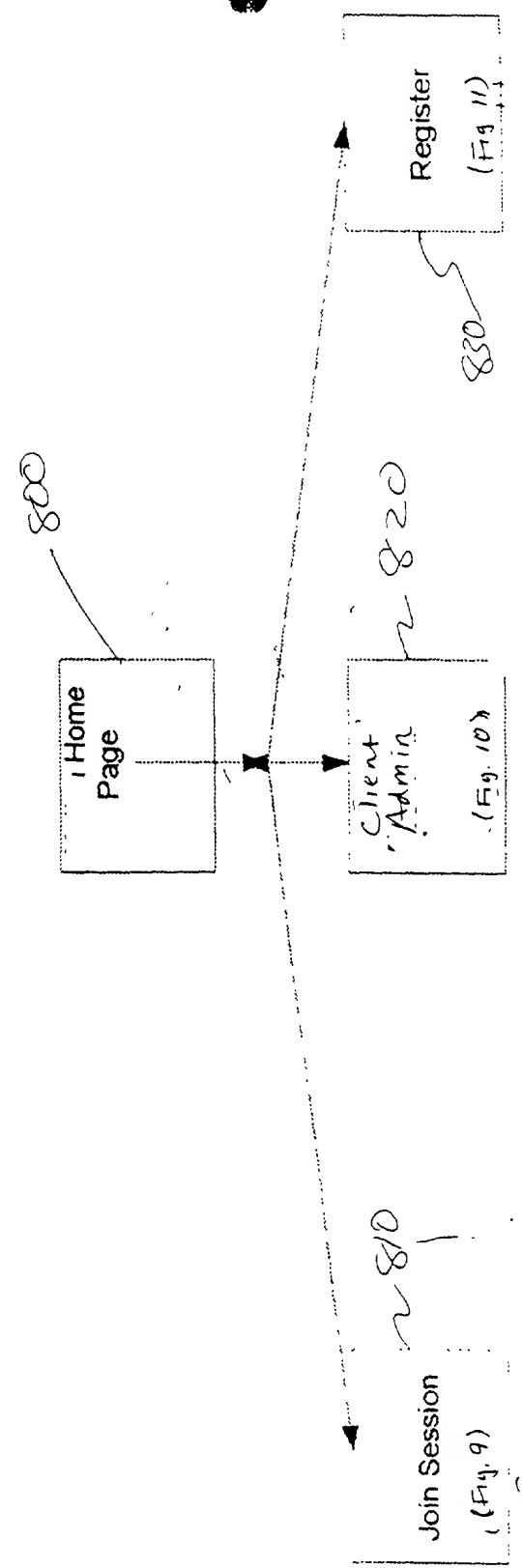
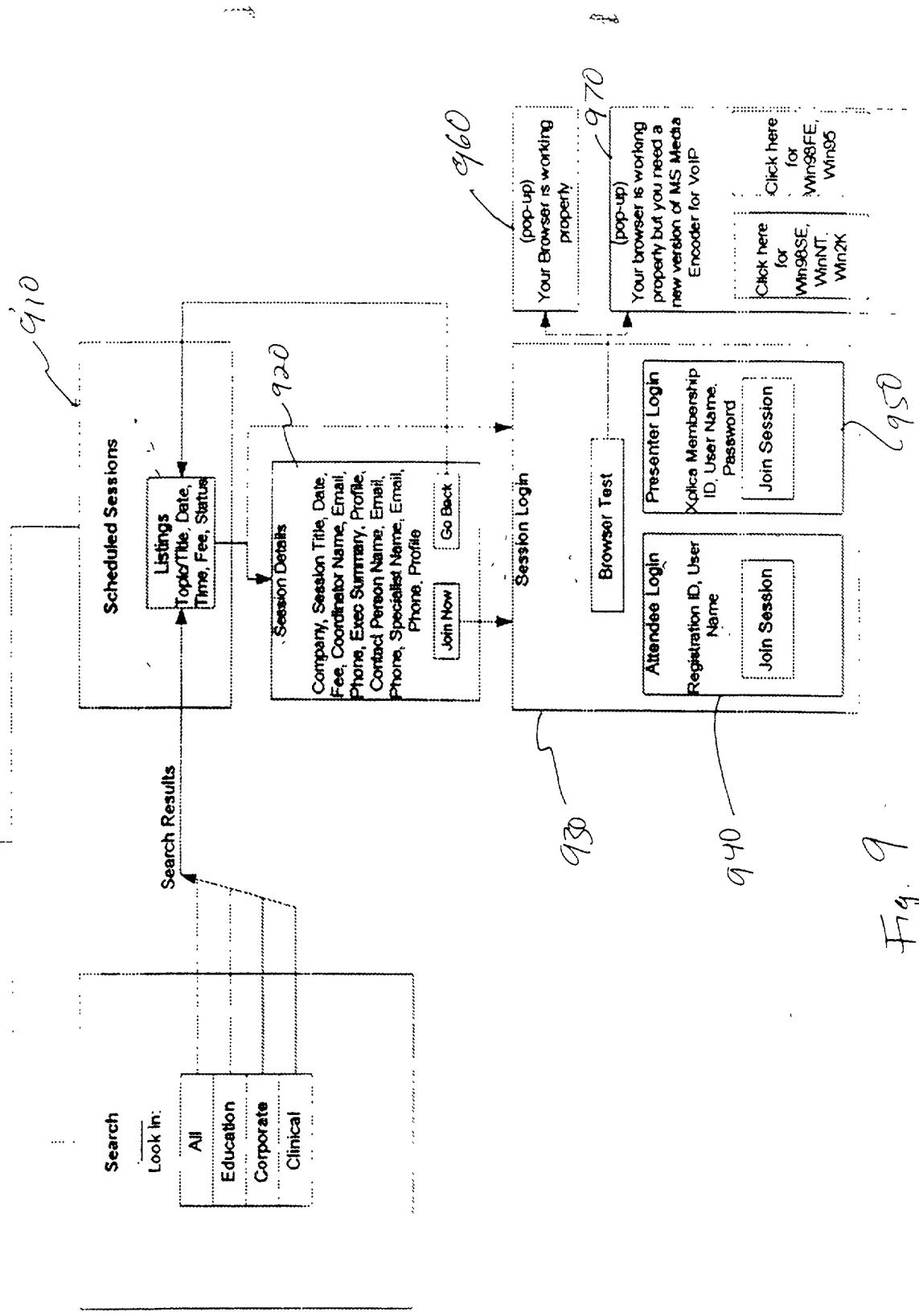
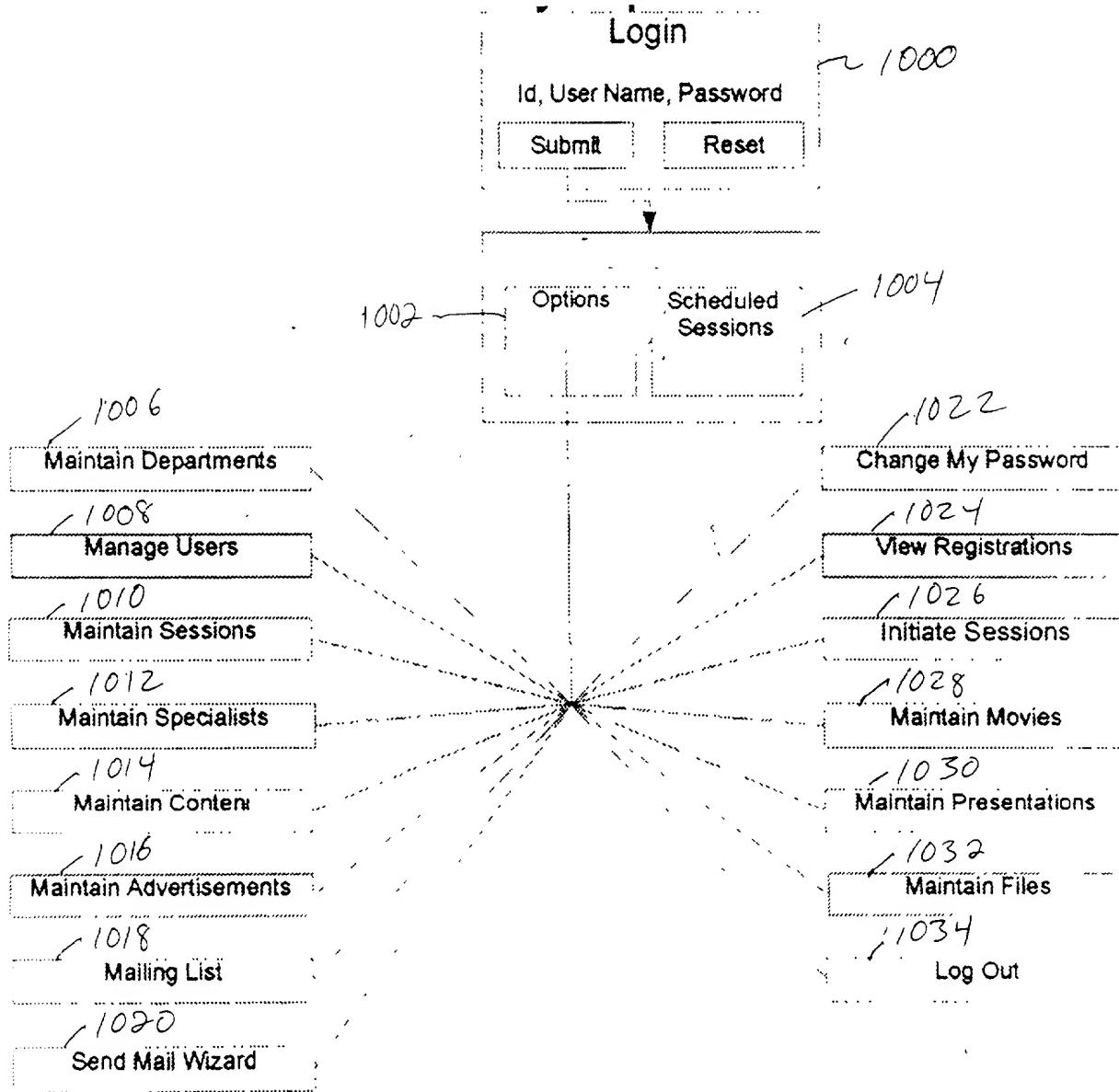


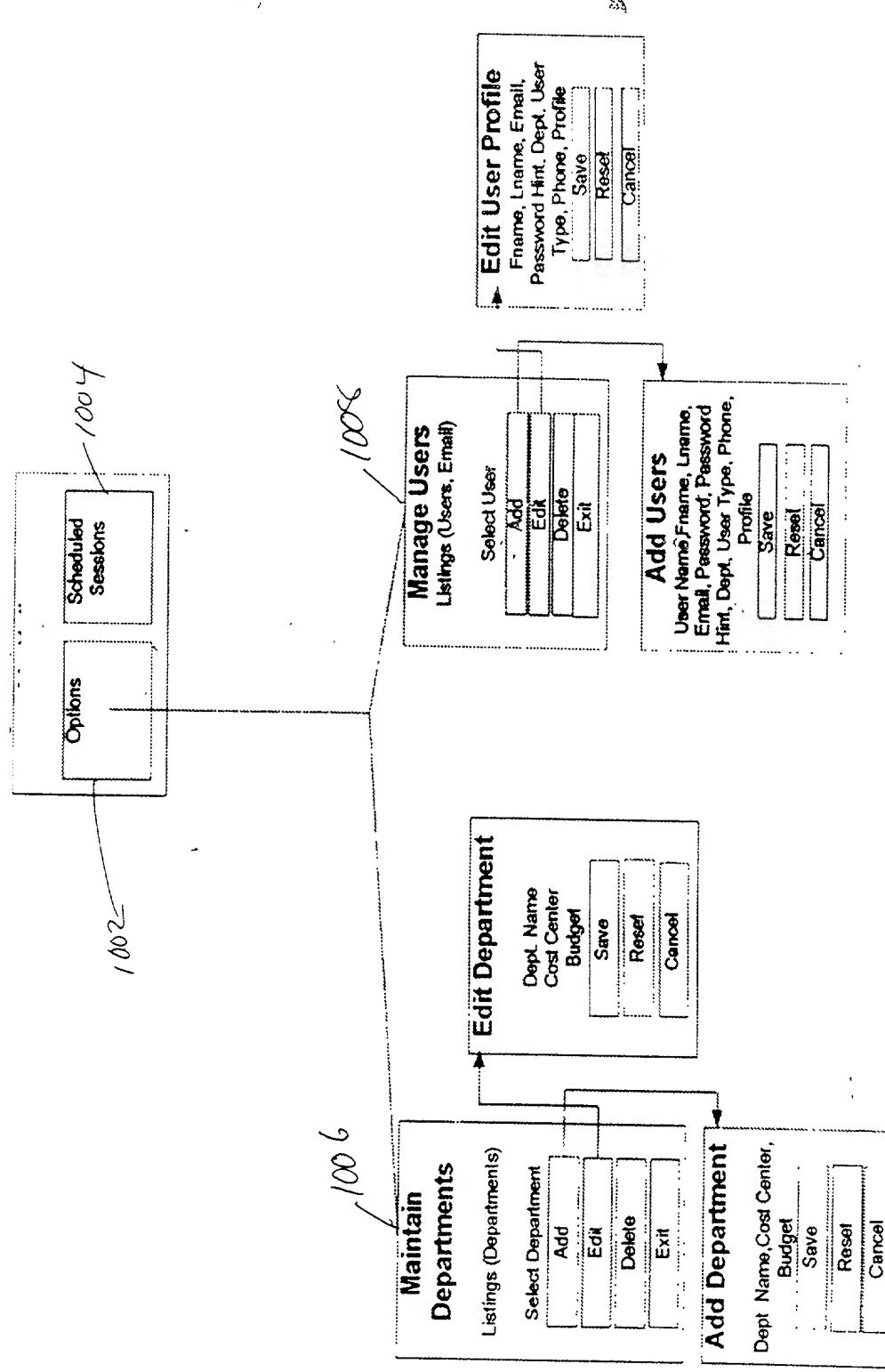
Fig. 8

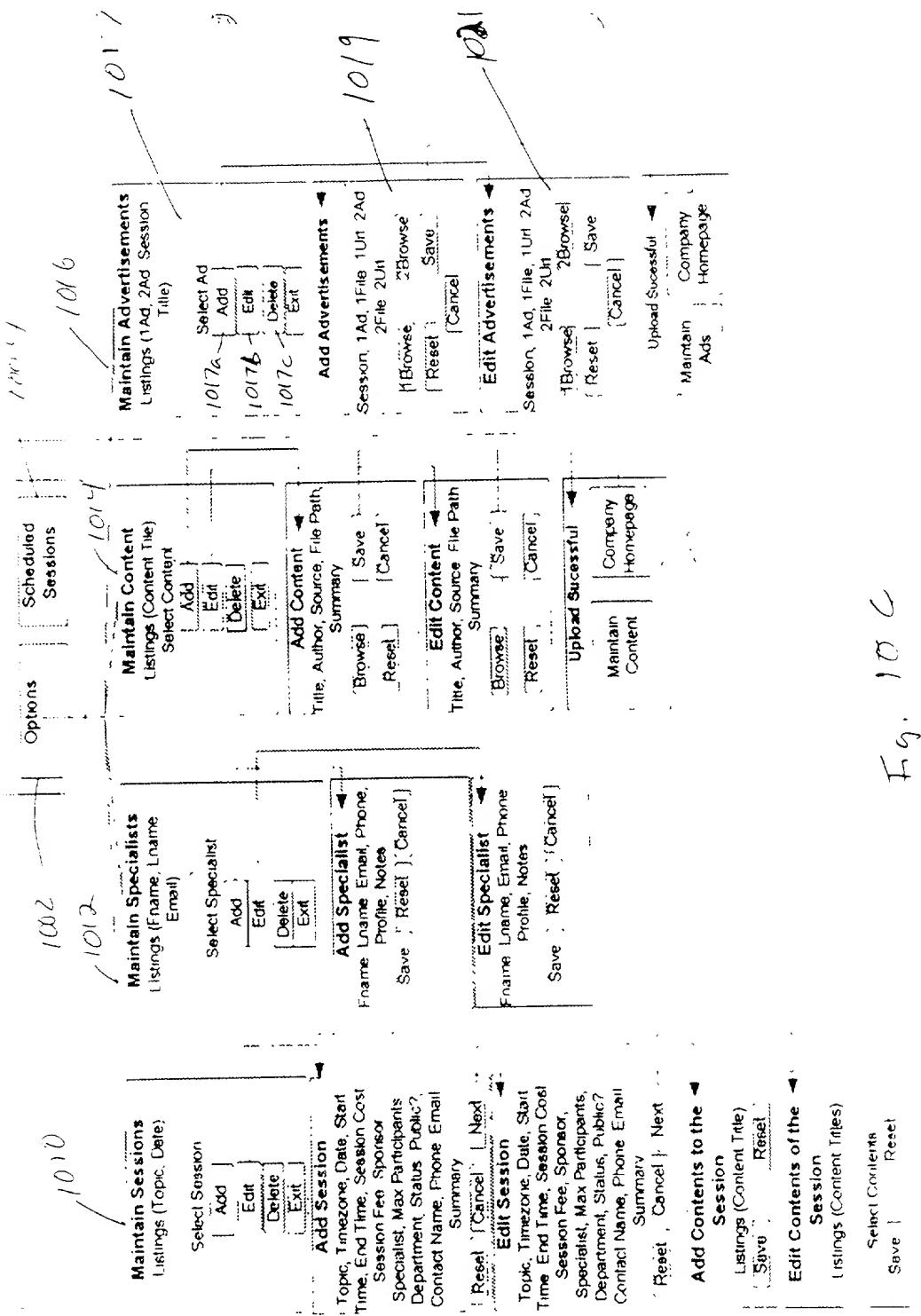
Join Session

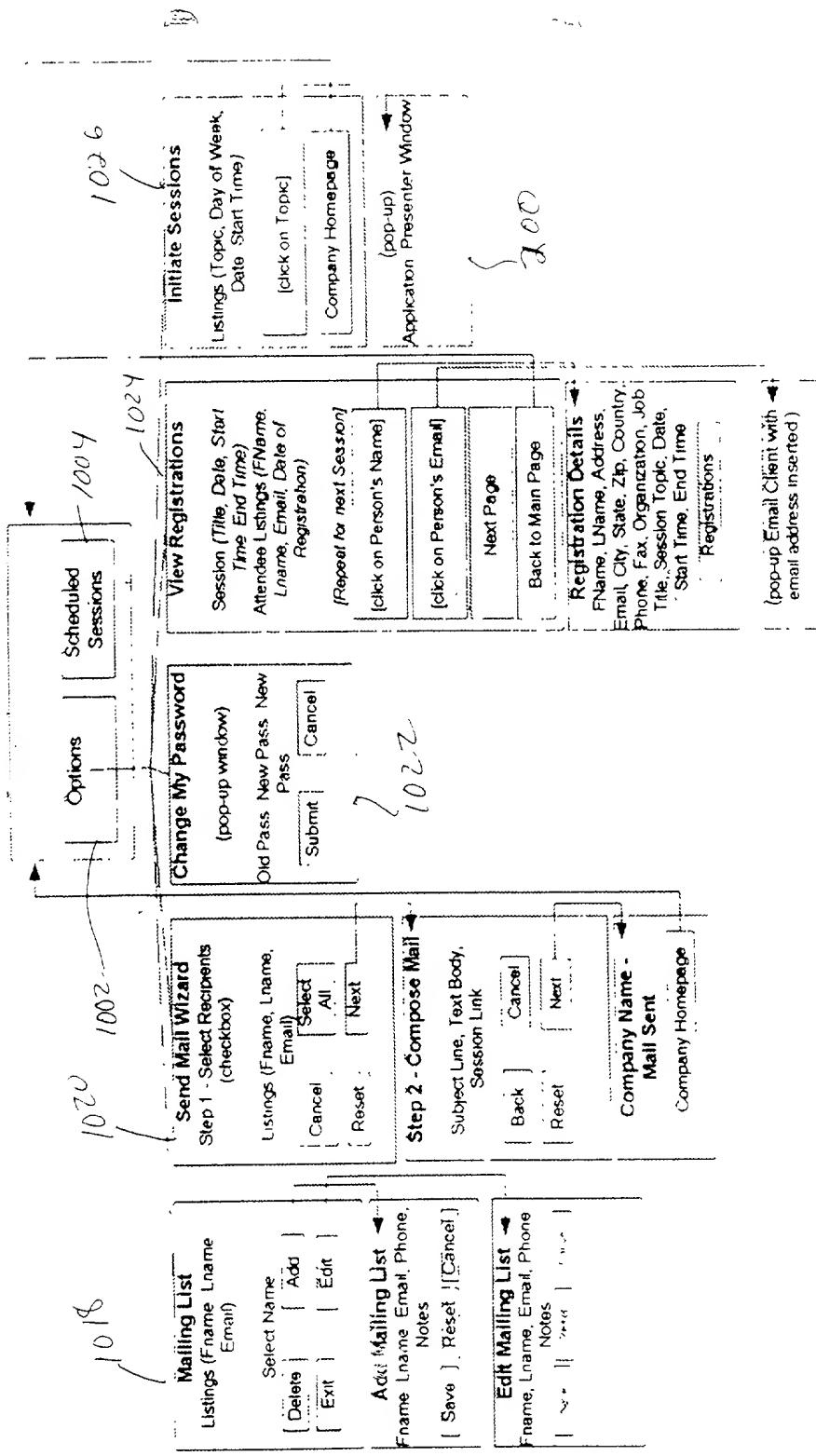
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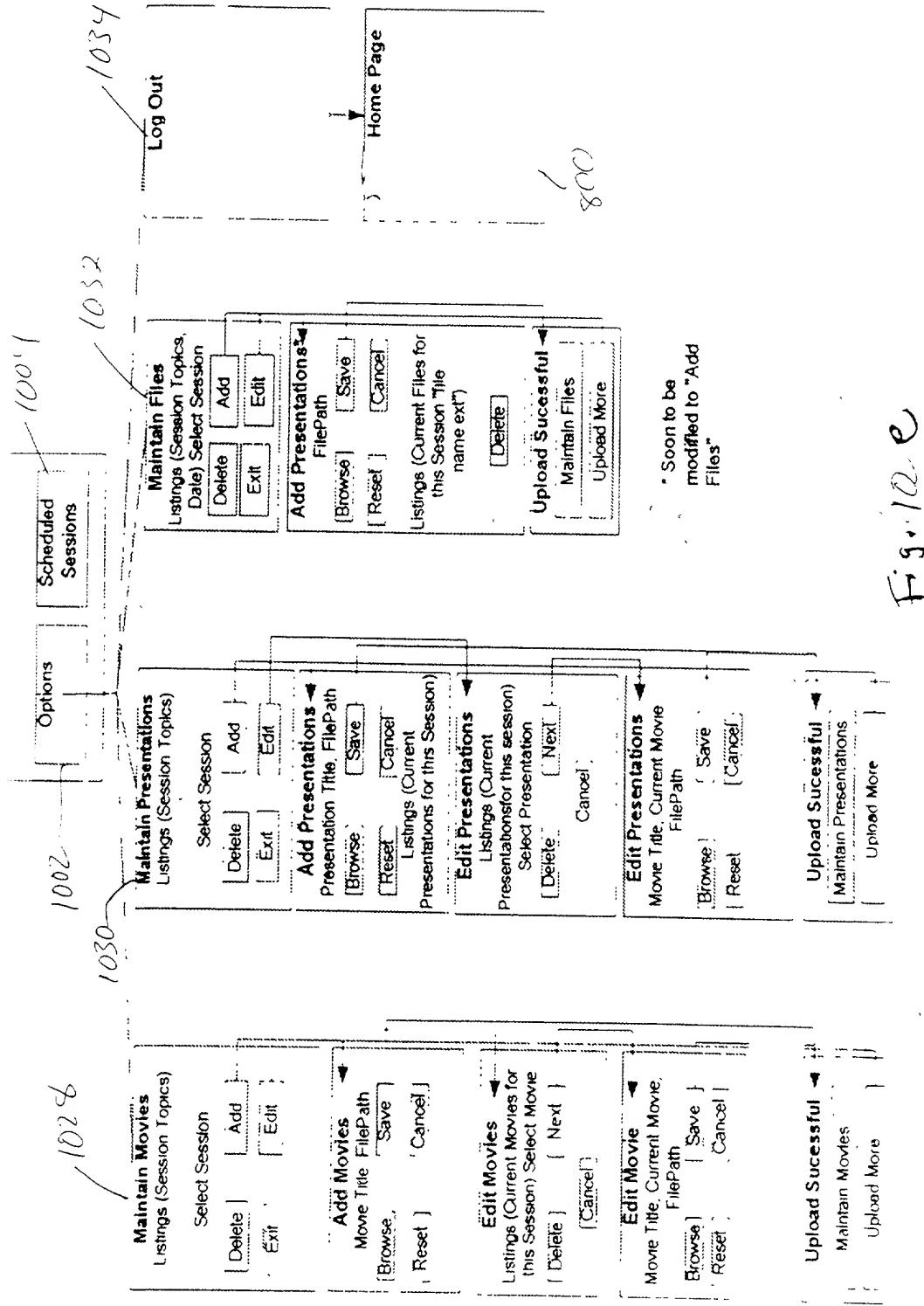


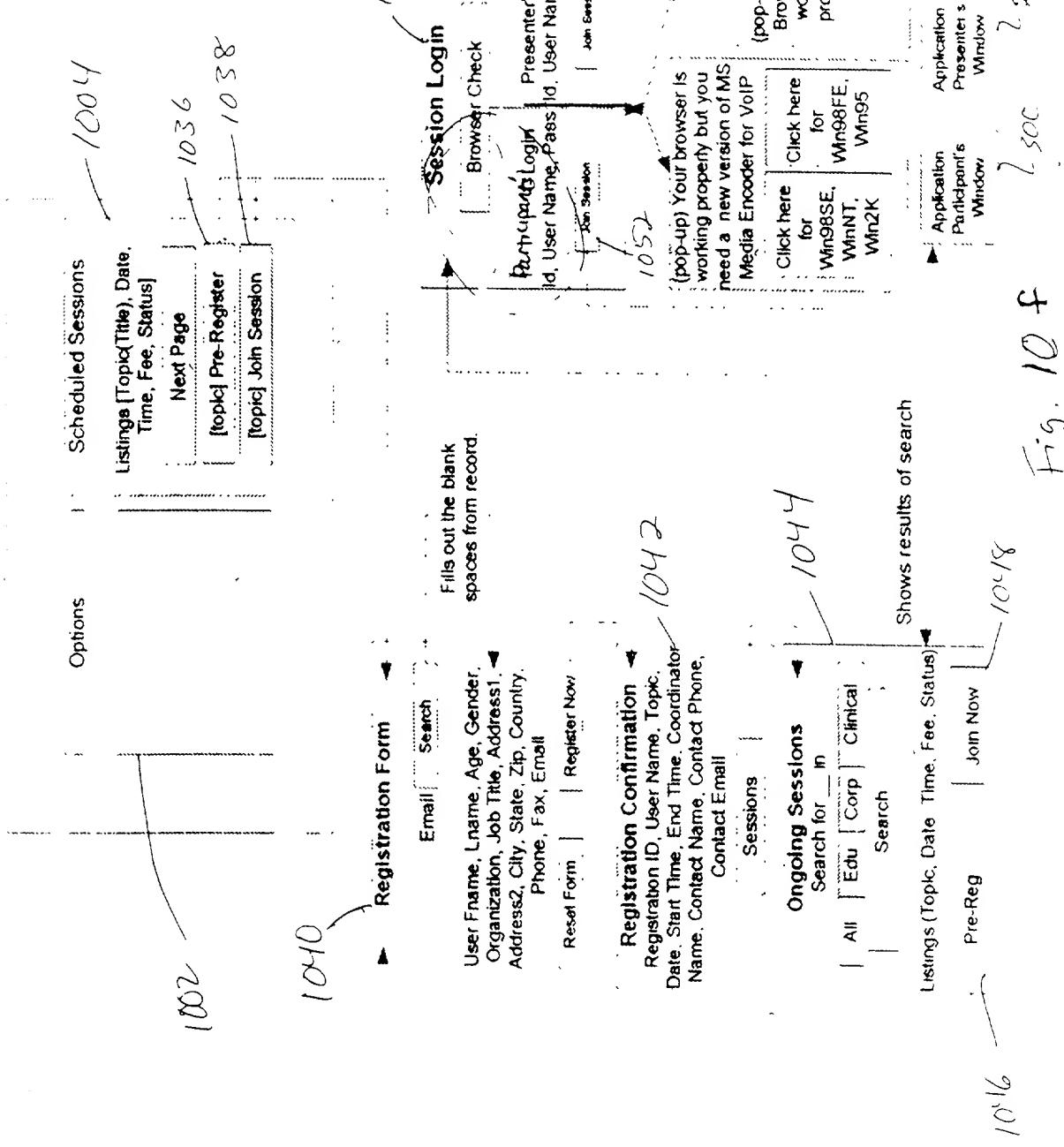






10.10 d





Register

New Company Setup - Step 1

Acct Type (Corporate, University, Clinical), User Name, Password, Password Hint	<input type="button" value="Reset"/>	<input type="button" value="Next"/>
--	--------------------------------------	-------------------------------------

Company Setup - Step 2

Company Name, Industry.	University Name, Industry.
Company Description.	Company Description.
Contact Frame, Lname.	Contact Frame, Lname.
Email, Address 1, Address 2,	Email, Address 1, Address 2,
Phone, Fax, Billing Address (same as contact), Address 1,	Phone, Fax, Billing Address (same as contact), Address 1,
Address 2, City, State, Zip.	Address 2, City, State, Zip.
Country	Country

University Setup - Step 2

Clinic Name, Industry,
Company Description,
Contact Name, Lname,
Email, Address 1, Address 2,
Phone, Fax, Billing Address
Name as contact, Address 1
Address 2, City, State, Zip,
Country

Clinic Setup - Step 2

[Reset Form](#) [Submit](#)

Setup Confirmation		Setup Confirmation	
Membership ID	1140	Membership ID	1140
Company Name, Contact Name, User Name, Phone, Fax, Billing Address1, Address2, City, State, Zip, County, Contact Address1, Address2, City, State, Zip, Country	support@b2bpartner.com	Company Name, Contact Name, User Name, Phone, Fax, Billing Address1, Address2, City, State, Zip, County, Contact Address1, Address2, City, State, Zip, Country	support@b2bpartner.com

[Reset Form](#) | [Submit](#)

Membership ID:	1160
Clinic Name:	ABC Clinic
User Name:	Admin
Fax:	1234567890
Billing Address 1:	123 Main Street
Address 2:	Anytown, USA
City:	Anytown
State:	USA
Zip:	12345
Country:	United States
Contact Address 1:	123 Main Street
Address 2:	Anytown, USA
City:	Anytown
State:	USA
Zip:	12345
Country:	United States

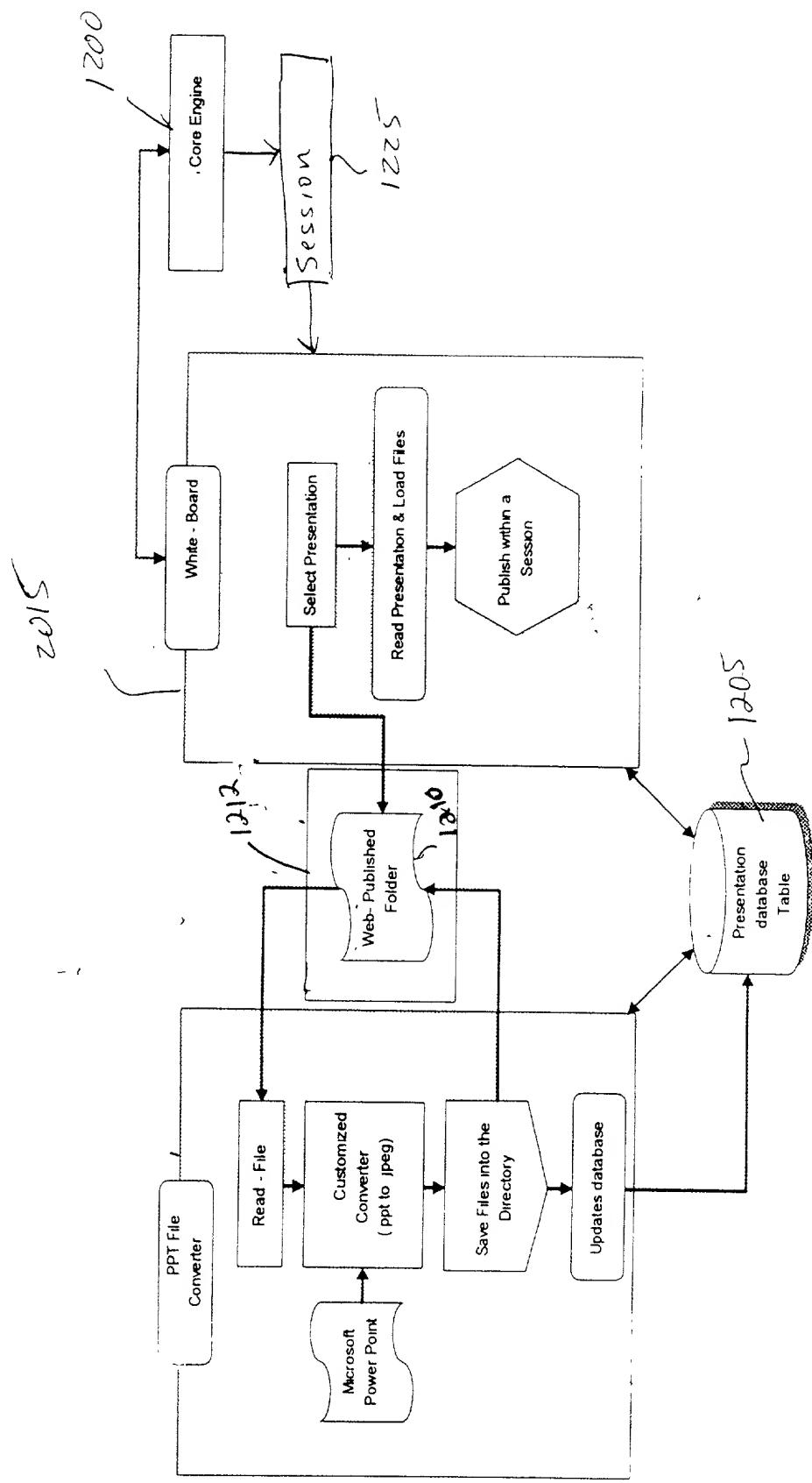


Figure 12

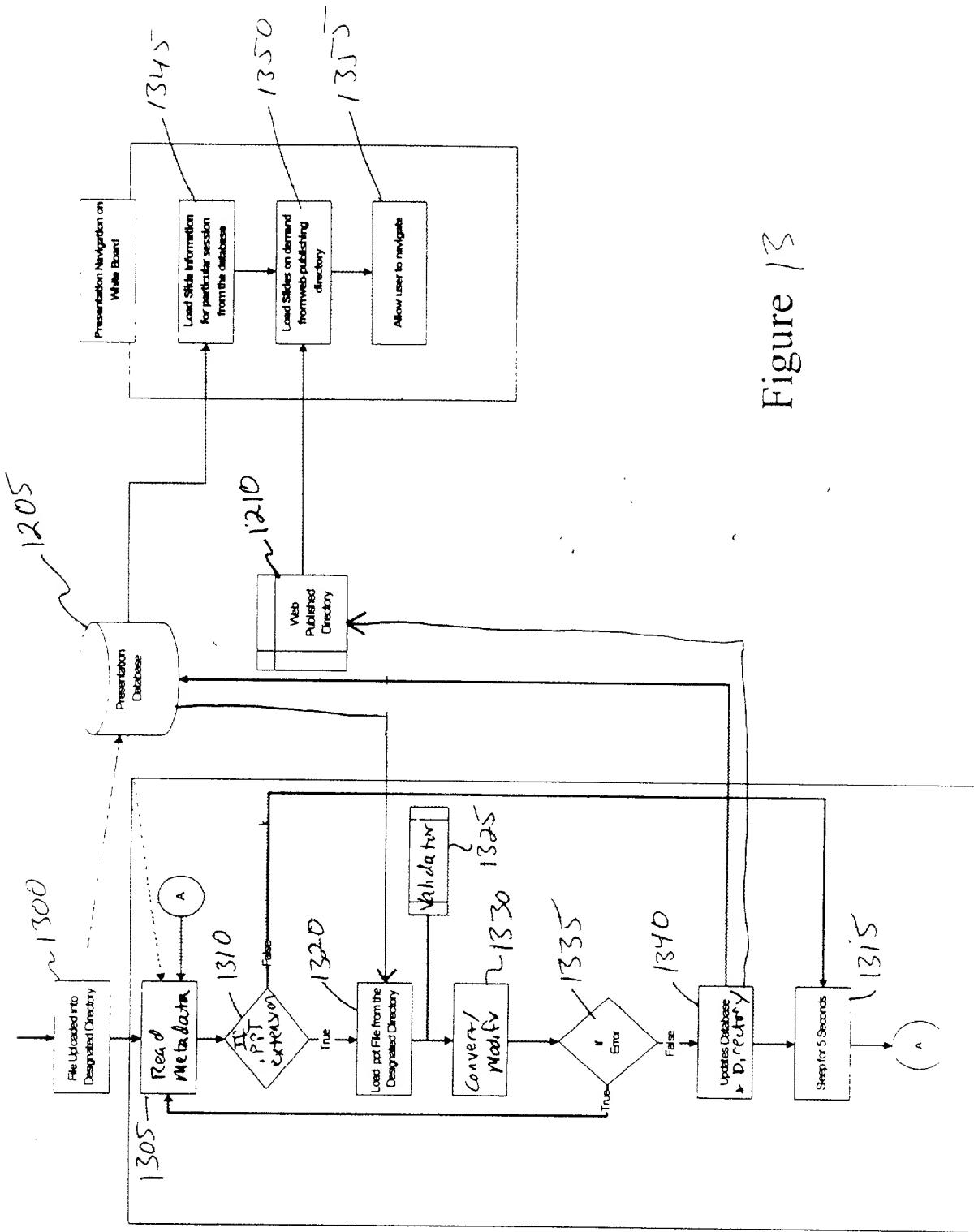


Figure 13

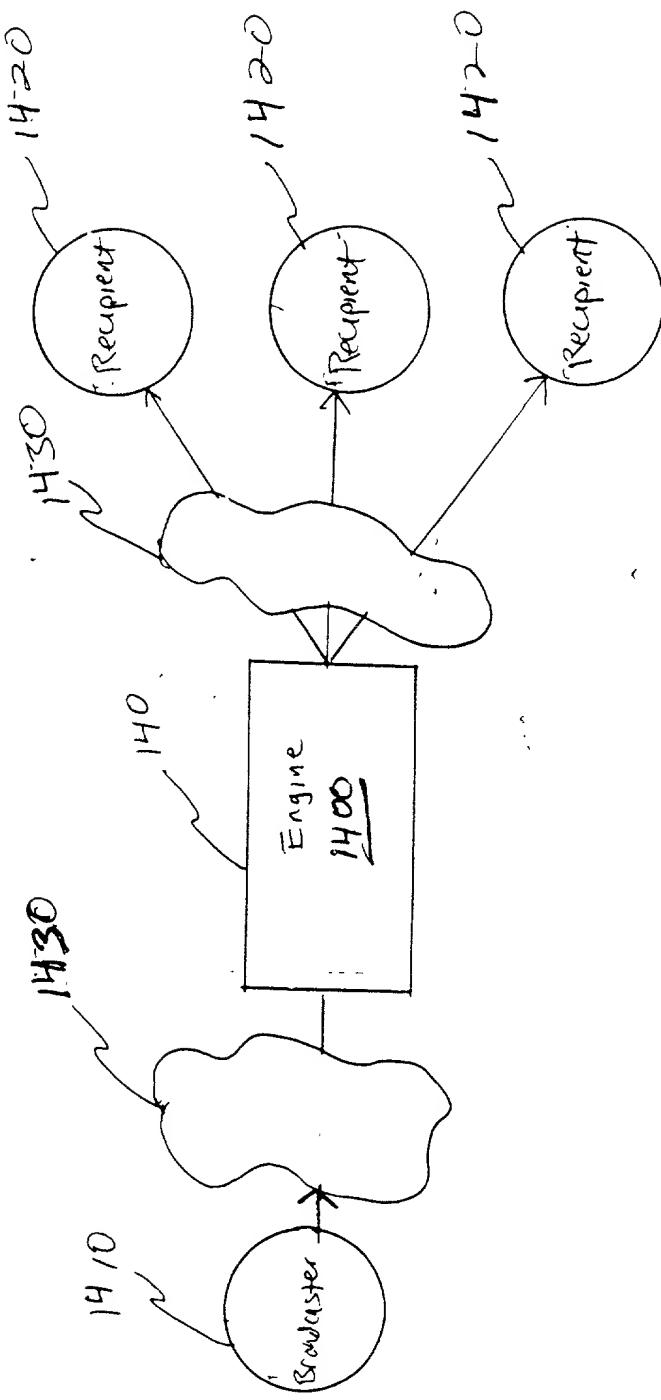


Figure 14

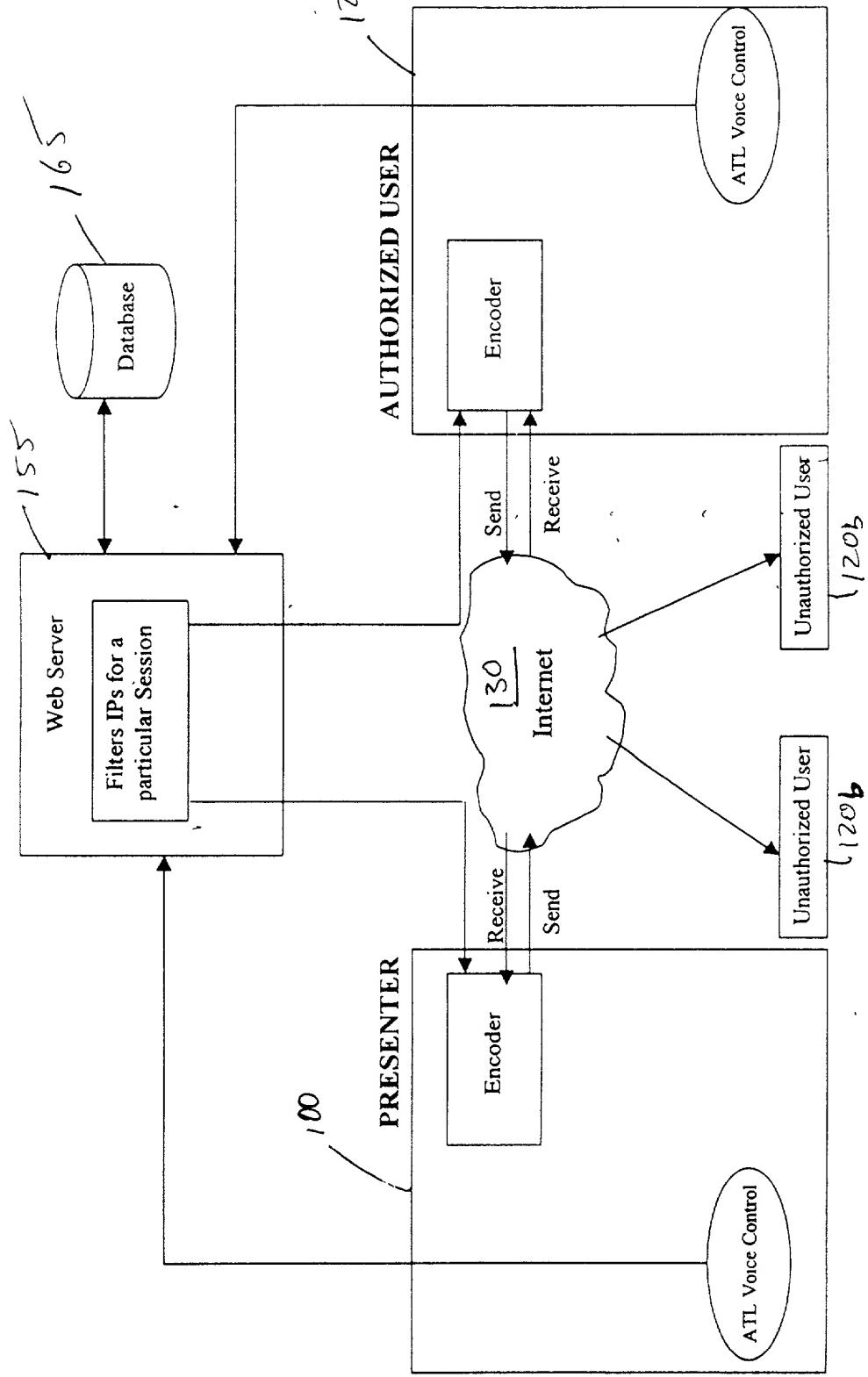


Figure 15

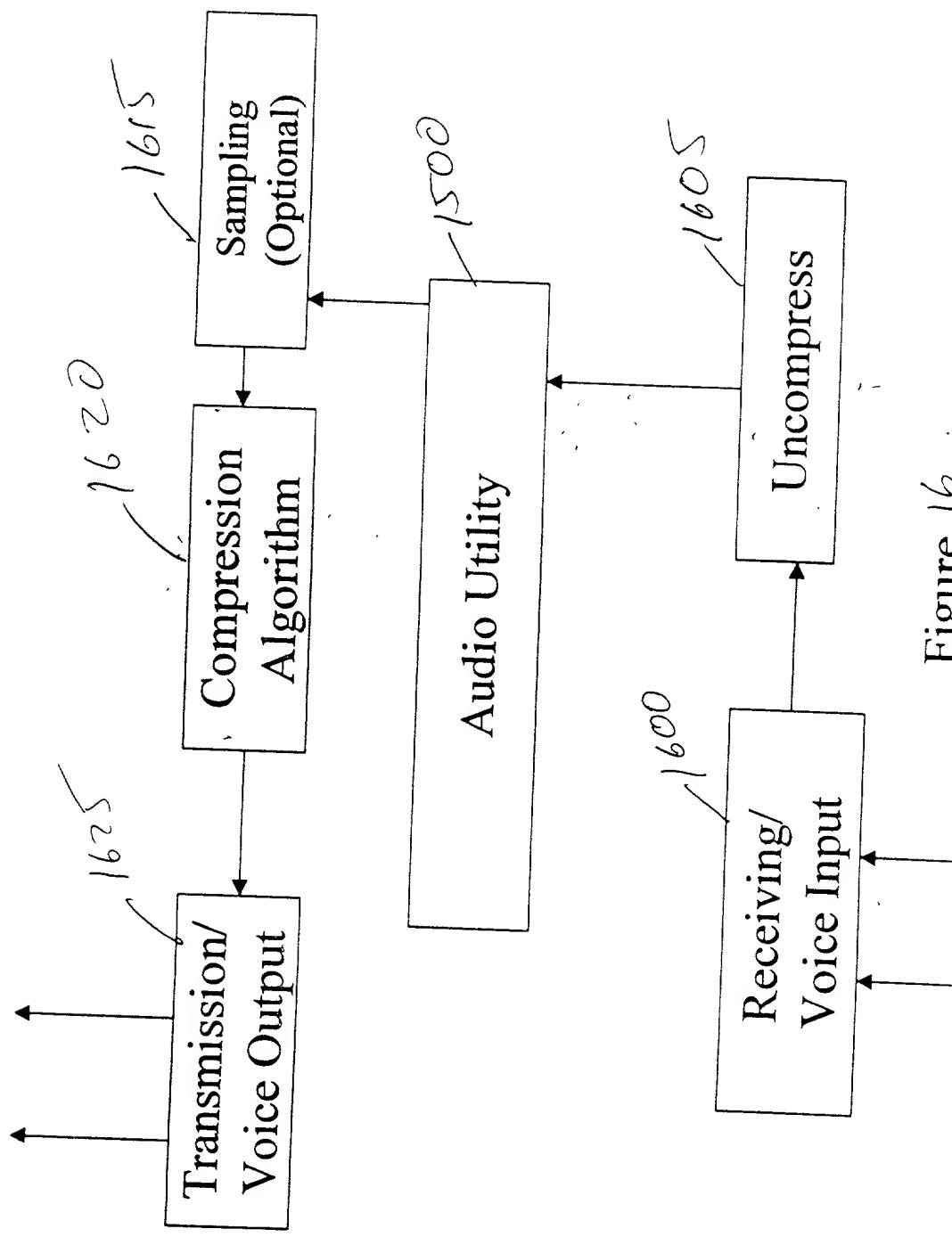


Figure 16

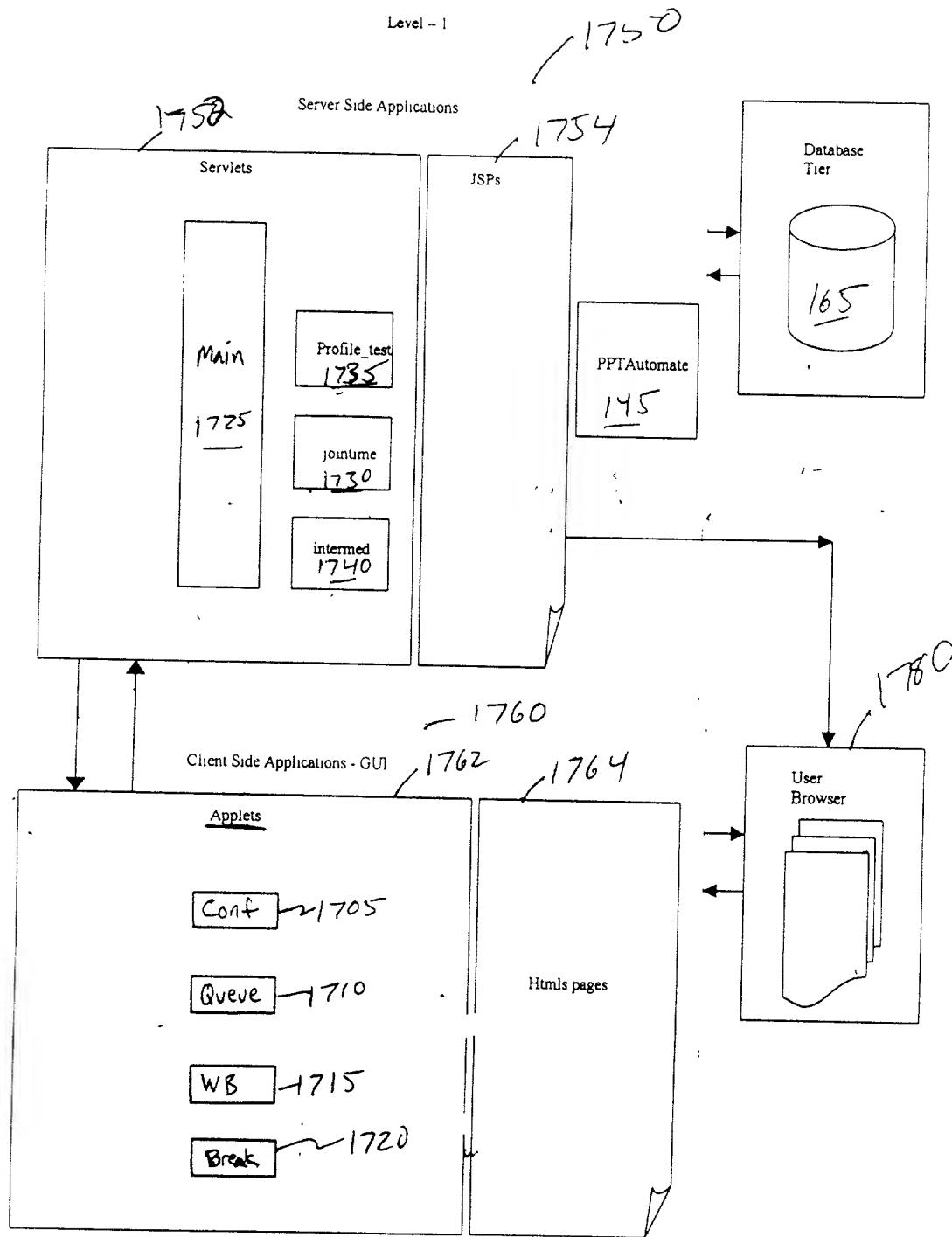


Figure 17a

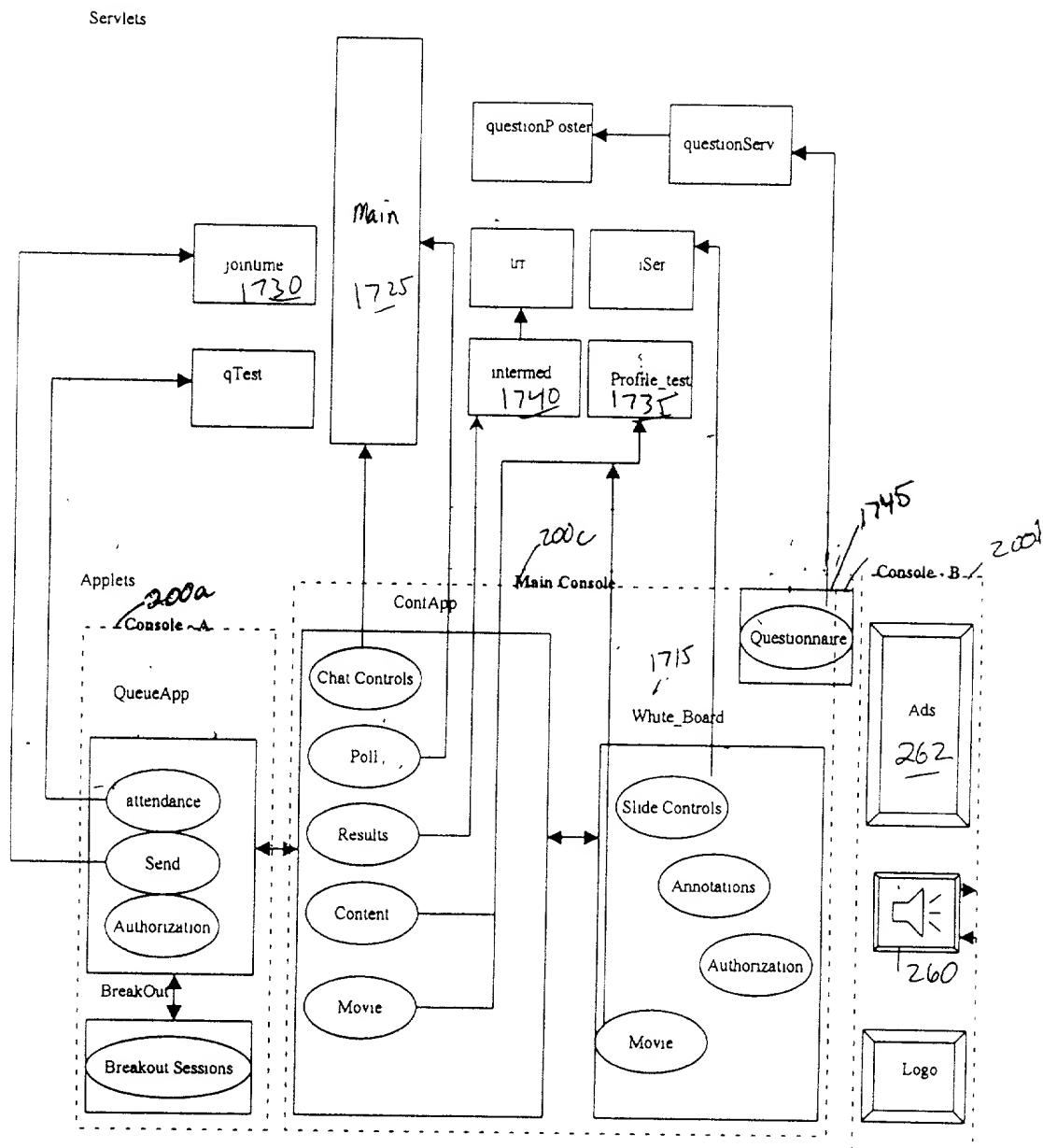


Figure 175

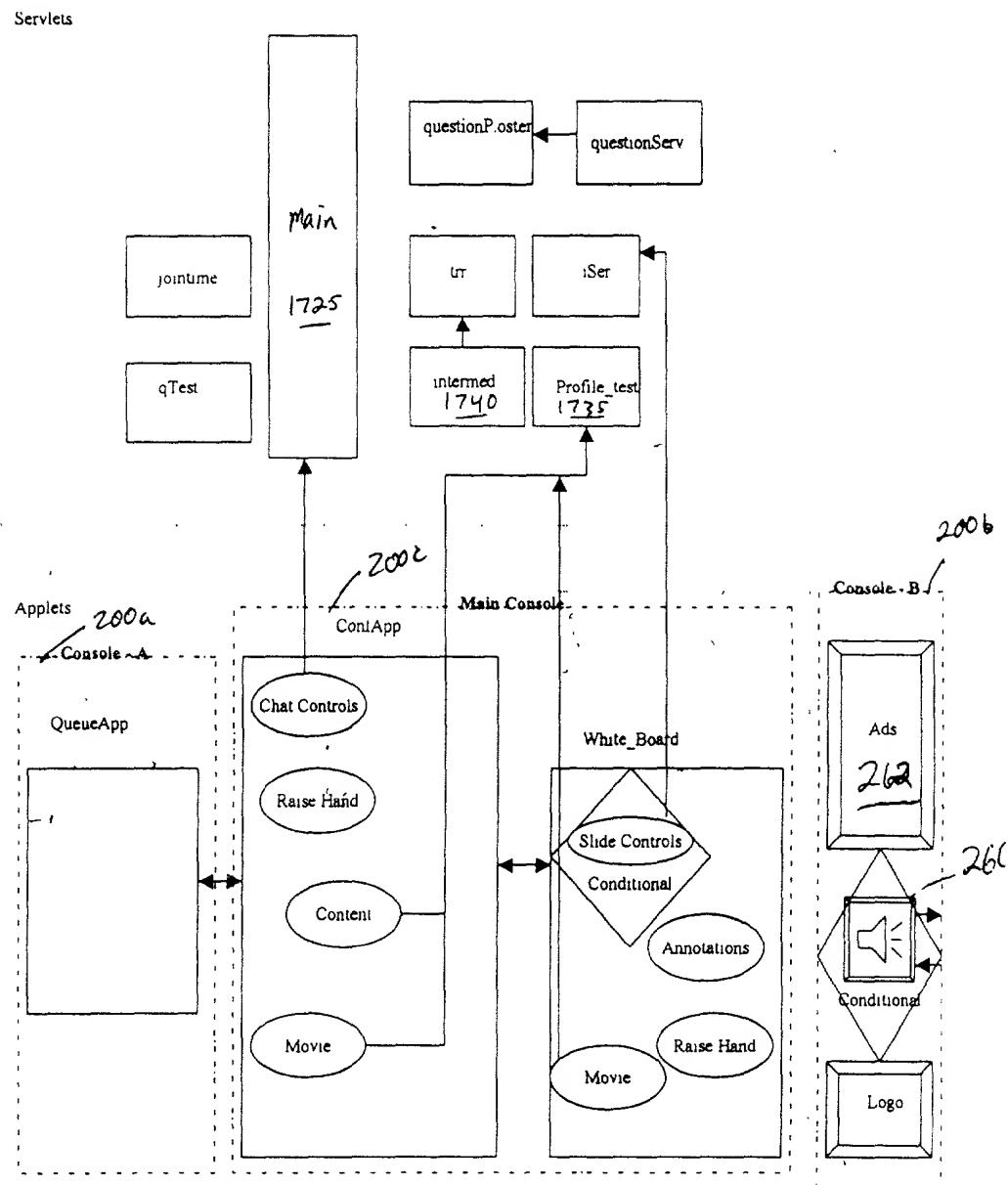


Figure 17c

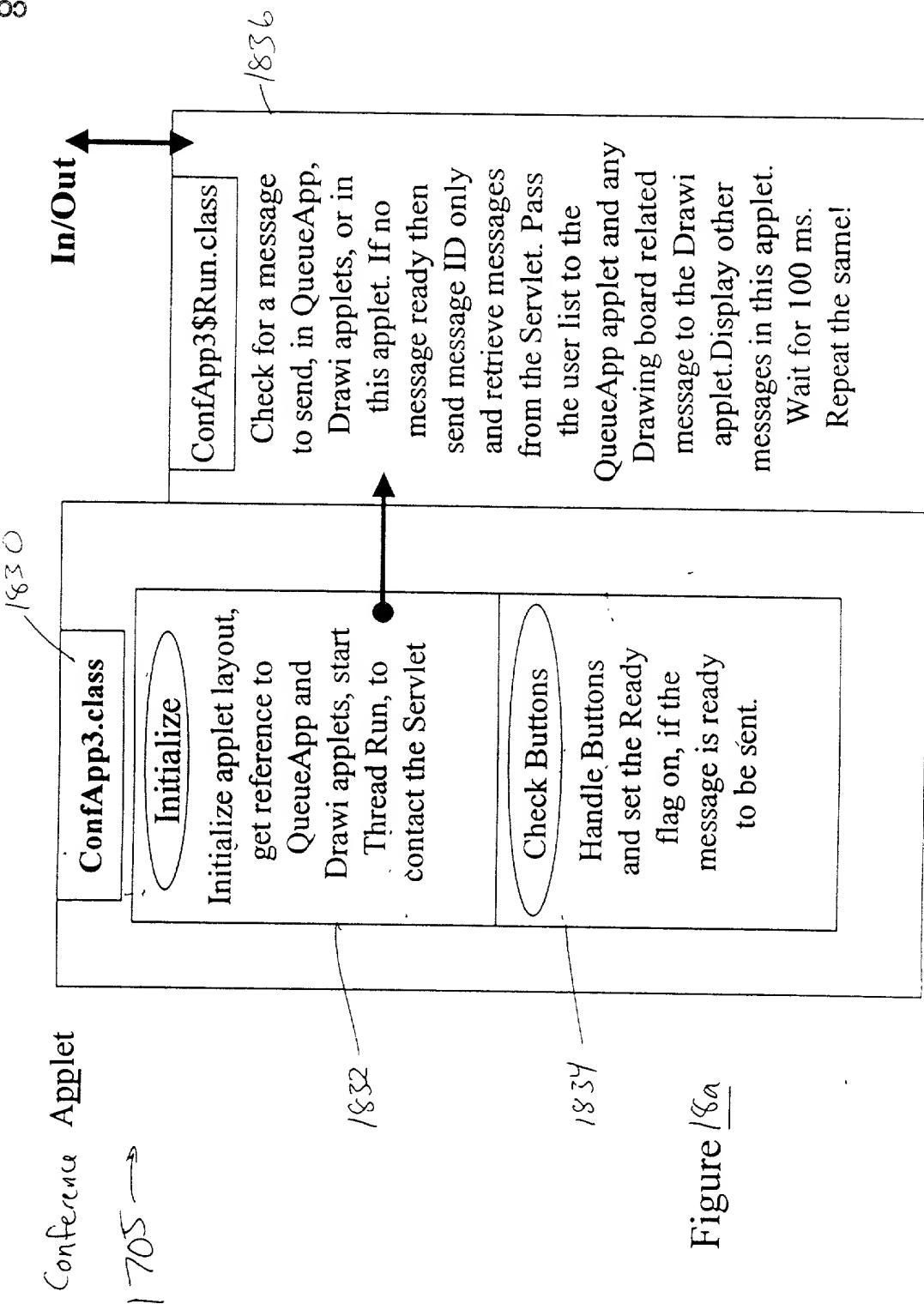


Figure 180

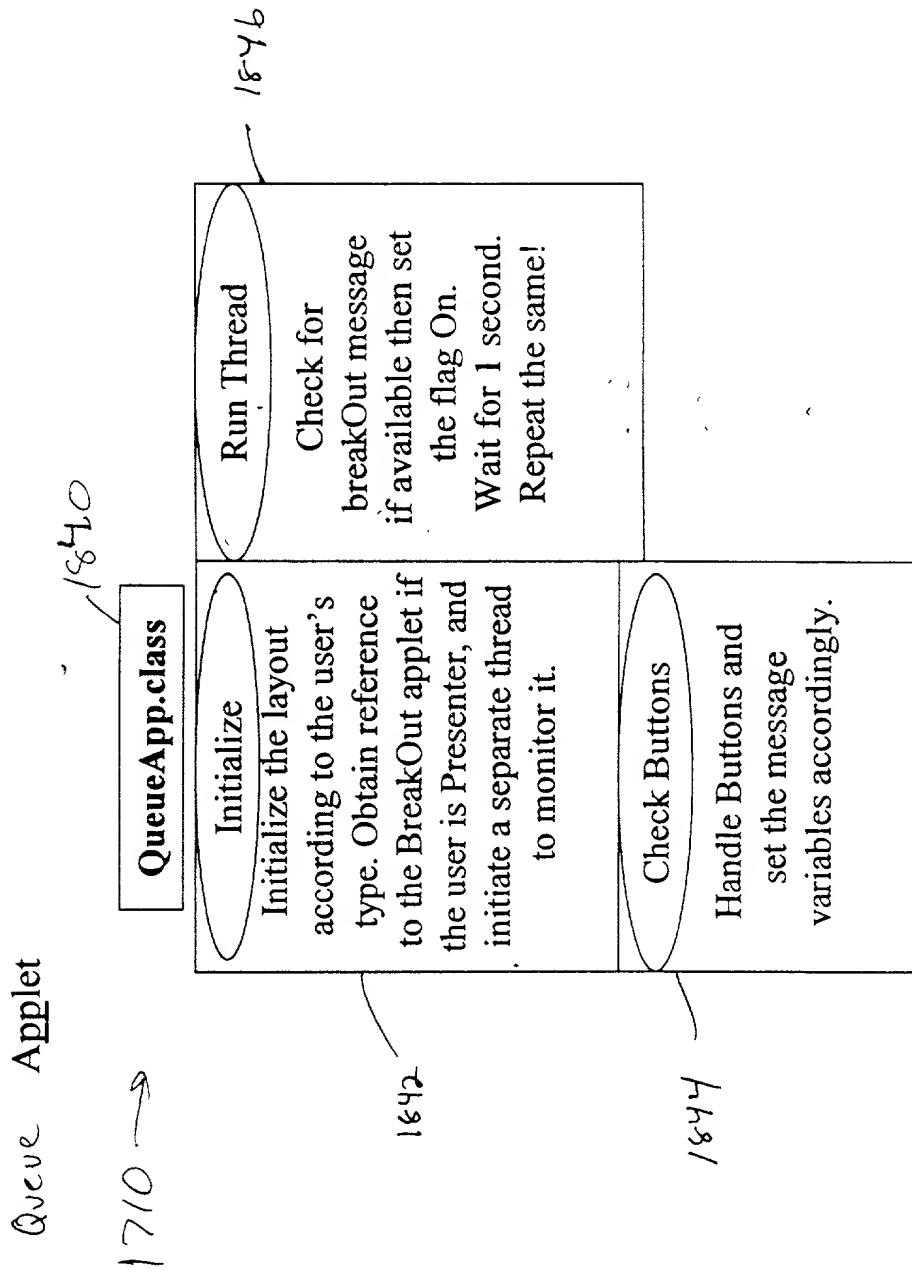


Figure 184

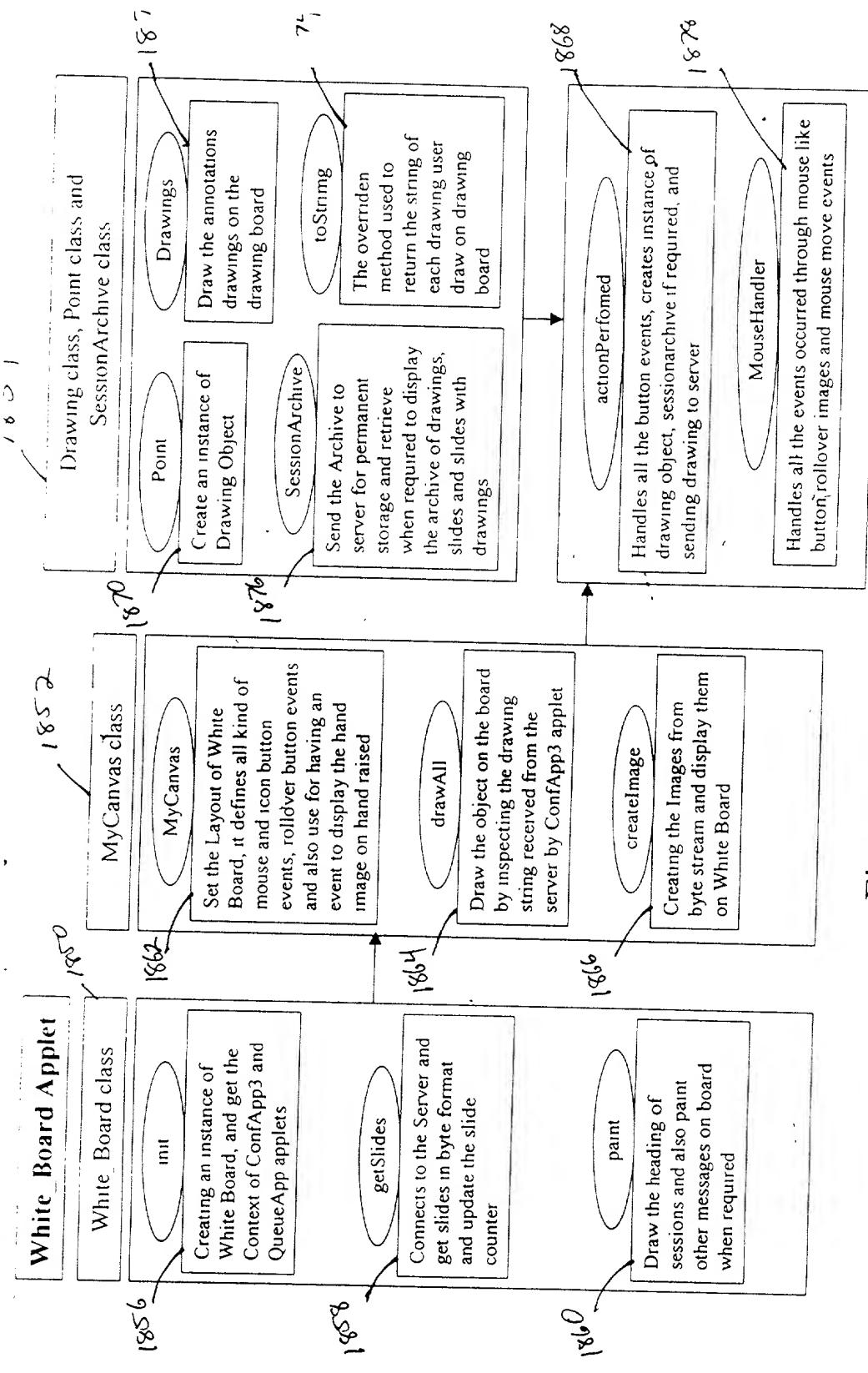


Figure 18c

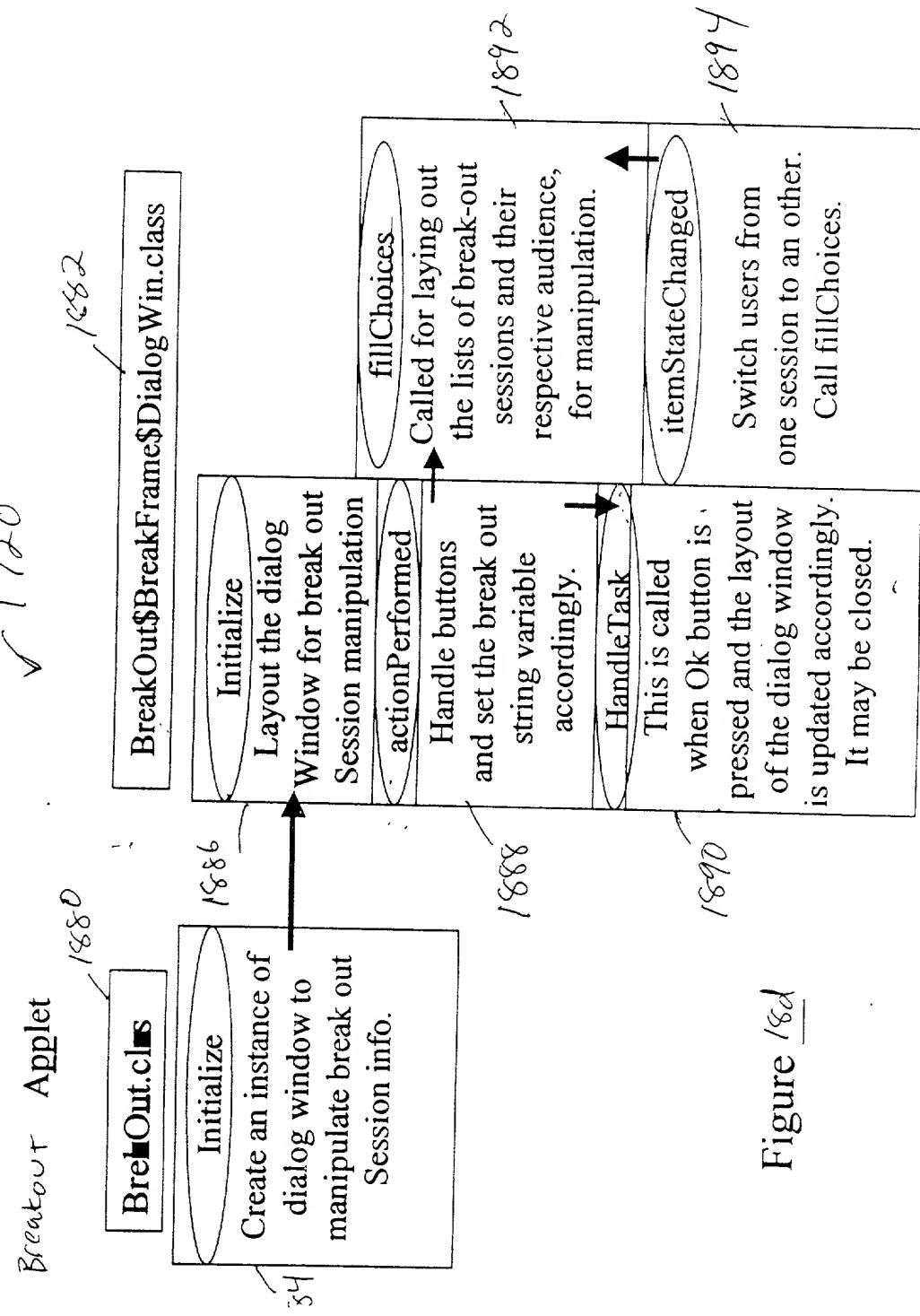


Figure 18d

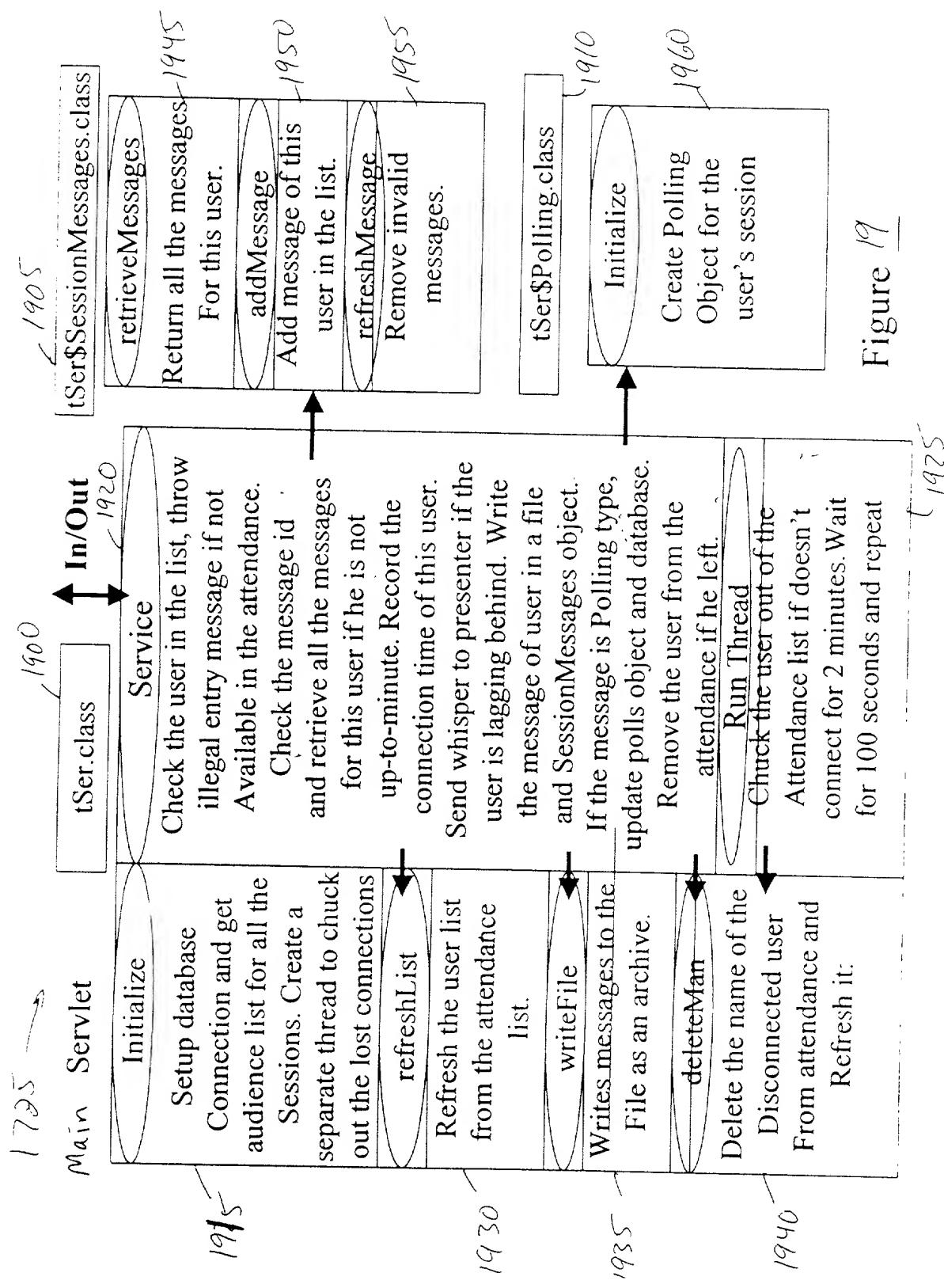


Figure 19

1925

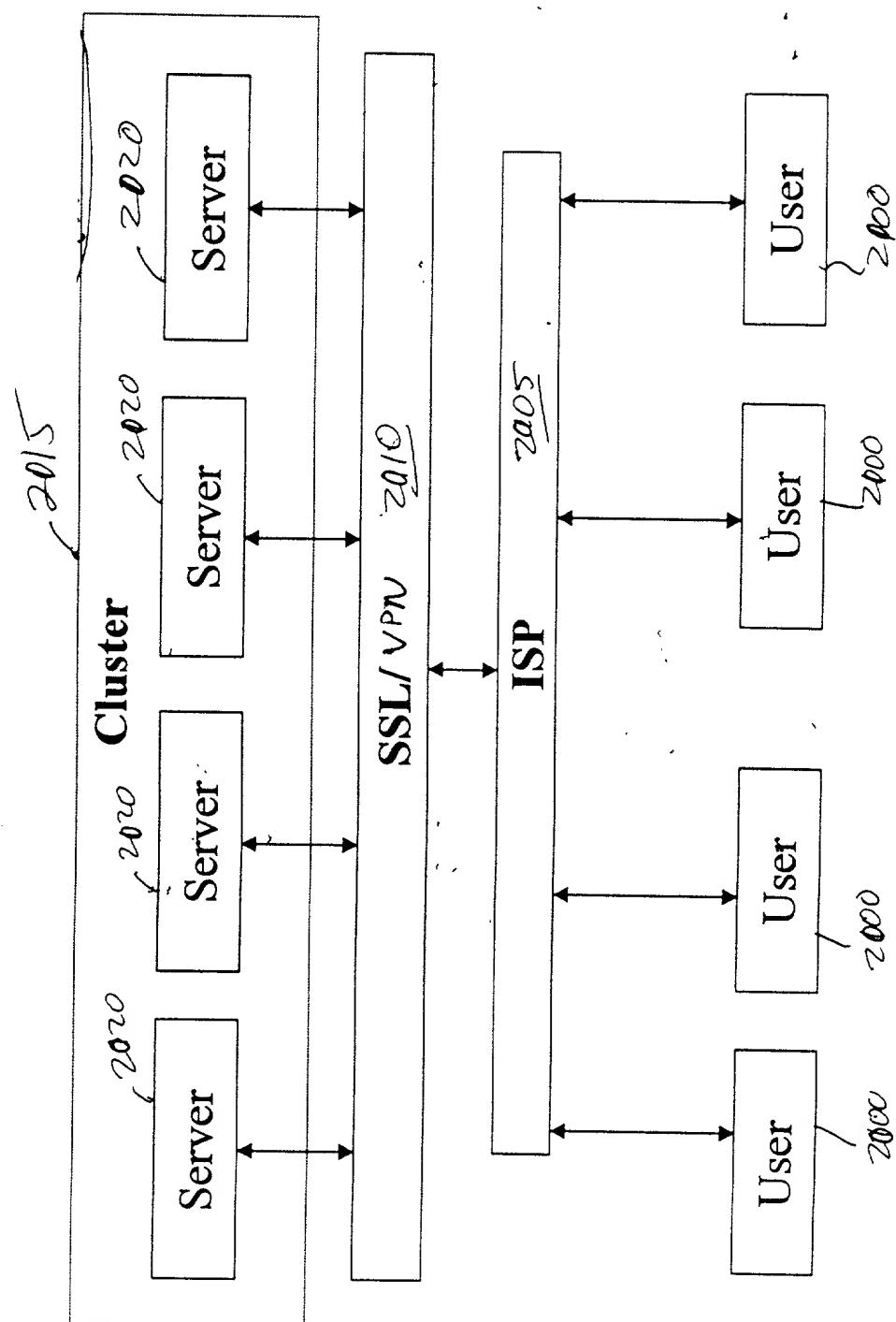


Figure 20

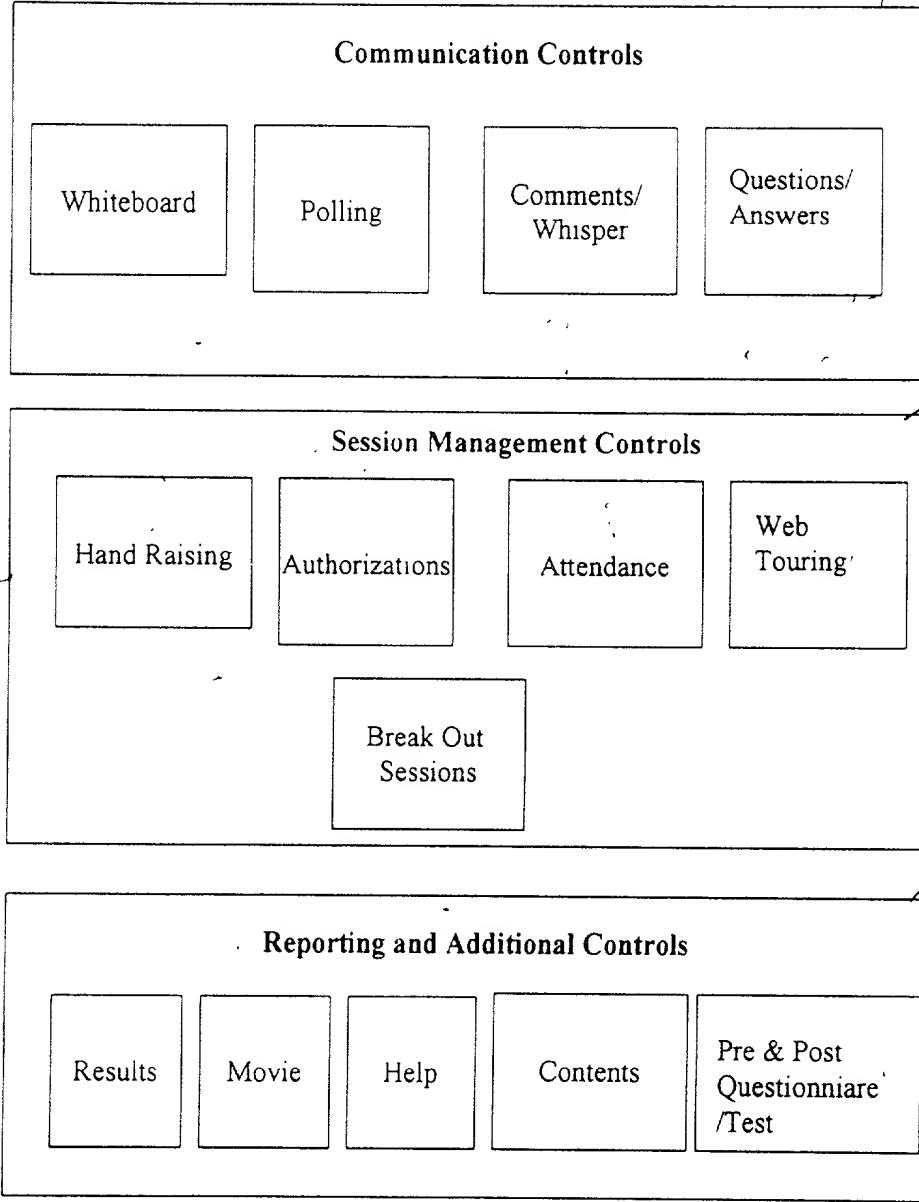


Figure 21

